

Louisiana's START Saving Program
A "529" College Savings Plan
Legal Entity's Account Application and Owner's Agreement
If you need assistance completing this form, call 1-800-259-5626, Ext. 1012

Instructions: A Legal Entity may be an Account Owner and open an account for a named Beneficiary; however, deposits made by the Legal Entity cannot be refunded to the Legal Entity. If you are the authorized agent of a corporation, partnership, unincorporated association, limited-liability company, trust or other legal entity, complete all sections. **Type or print in ink.**

Section A: TO BE COMPLETED BY THE AUTHORIZED AGENT OF THE LEGAL ENTITY THAT IS THE ACCOUNT OWNER.

1. Name of the Legal Entity (Account Owner)

2. Legal Entity's Federal Employer Identification Number (EIN)

3. Legal Entity's Louisiana Revenue Account Number

4. Name of the Agent Authorized to Act on Behalf of the Legal Entity (Account Owner)
 Last Name First Name MI

5. Agent's Telephone Number

6. Authorized Agent's Mailing Address: Number and Street (include Suite Number) City State Zip Code

7. To be an Account Owner, the Legal Entity must meet one of the following (check the one that applies):

- ☐ Established, organized or incorporated in accordance with the laws of Louisiana (Examples: trusts, estates, groups, associations, organizations, partnerships and corporations)
- ☐ Established, organized or incorporated in accordance with the laws of a state other than Louisiana or a country outside the United States AND registered with the Louisiana Secretary of State to conduct business in Louisiana AND has a physical place of business in Louisiana. (Examples: trusts, estates, groups, associations, organizations, partnerships and corporations)
- ☐ A government agency.

Section B: DESIGNATE A BENEFICIARY. Complete the following about the student who will receive benefits from this account.

8. Last Name First Name MI 9. Social Security Number

10. Mailing Address: Number and Street (include Apartment Number) City State Zip Code

11. U.S. Citizen or Permanent Resident?
☐ Yes ☐ No

12. The Beneficiary is a Permanent Resident of What State? Parish/County

13. Date of Birth (Month/Day/Year)

14. Sex
 Male ☐ Female ☐

Section C: SELECT A POSTSECONDARY INSTITUTION. Enter the name and address of the school the Beneficiary is most likely to attend and the projected date of enrollment. Item #15 may be left blank, in which case, attendance at the highest cost public institution will be assumed.

15. Name of School City/State

16. Projected Date of First Enrollment (Month/Year)

Section D: SELECT A METHOD OF MAKING DEPOSITS. Do not remit a deposit until you receive written notification that the account has been approved. Mark all options that may apply.

17. ☐ Automatic Bank Debits ☐ Direct Payment ☐ Payroll Deduction

If you have chosen the Direct Payments Option, deposits should be mailed to the START Saving Program, Post Office Box 91271, Baton Rouge, LA 70821-9271. If you have chosen Automatic Bank Debits or Payroll Deduction, complete the appropriate form. The forms may be completed online or downloaded from the website or obtained by calling 1-800-259-5626, Ext. 1012.

Section E: SELECT AN INVESTMENT OPTION. Investment options are fully explained in the START Disclosure Statement, available upon request from the START Saving Program or on our website at www.startsaving.la.gov. It is recommended that the START Disclosure Statement be thoroughly reviewed prior to selecting your investment option. If no option is selected on this application, all deposits will be placed in the Louisiana Principal Protection Option, Option 2. In accordance with federal regulations, once an option has been chosen, changes will be allowed only once each twelve-month period. Choose only one investment option:

18. Investment Option

- ☐ Option 1 – Age-Based Option
- ☐ Option 2 – Louisiana Principal Protection Option
- ☐ Option 3 – Total Equity Option
- ☐ Option 4 – Balanced Option (50% Fixed; 50% Equities)
- ☐ Option 5 – Equity Plus Option (75% Equities; 25% Fixed)
- ☐ Option 6 – Principal Preservation-Plus Option (75% Fixed; 25% Equities)

Section F: GOVERNING LAWS, NOTICES AND ACCOUNT OWNER'S CERTIFICATION

On behalf of the Account Owner, I, the undersigned Authorized Agent of the Account Owner, do hereby state, acknowledge and certify the following:

The terms of this Application and Owner's Agreement will be interpreted in accordance with applicable Federal and State law and the Louisiana Tuition Trust Authority (LATTA) rules and regulations. If any provision of this Agreement is determined to be unenforceable, the remaining provisions shall remain in full force and effect. The Account Owner agrees to be bound by the statutes, regulations and rules governing the START Saving Program and the Terms and Conditions incorporated into the Owner's Agreement.

The Account Owner understands and agrees that: The person identified as its authorized agent in Section A is fully authorized to act on its behalf for all purposes related to this START Saving Program Account; Funds deposited in this START Savings Program Account cannot be refunded to the Account Owner under any circumstances; if the funds are not used to meet the Qualified Higher Education Expenses of the Beneficiary, there may be tax consequences; the assets of the LATTA reserved for payment of the obligations of the LATTA pursuant to the Owner's Agreement shall be placed in the Louisiana Tuition and Savings Fund (the "Fund"); any claim filed by an Account Owner against the LATTA pursuant to the Owner's Agreement for disbursement of funds invested in Fixed Earnings options shall be made solely against the assets of the Fund; any claim filed by an Account Owner against the LATTA pursuant to the Owner's Agreement for disbursement of funds invested in Variable Earnings options shall be solely against the Current Value of such accounts and not against the Fund; no Account Owner or Beneficiary of an Education Savings Account shall have any claim against the state general fund or other funds or revenues of the State, or against the funds of any postsecondary education institution; the LATTA guarantees payment of the Redemption Value of a START Saving Program Account for amounts invested in Fixed Earnings options; the LATTA does not guarantee any investment in Variable Earnings options; the LATTA reserves the right to amend the rules regulating the START Saving Program in accordance with the Louisiana Administrative Procedure Act; any amendments to applicable state or federal statutes and/or regulations shall automatically amend the Terms and Conditions of the Owner's Agreement; and any notice required to be given to the Account Owner or Beneficiary will be effective if mailed by first class mail to the latest address provided to LATTA by the Account Owner's Agent.

The Account Owner has read and understands the Terms and Conditions of the Owner's AGREEMENT and the START Disclosure Statement. The Account Owner authorizes the LATTA to release information pertaining to this Agreement but only to those agencies or individuals that the LATTA determines to be essential to effectuate the purpose of this Agreement.

I certify that I am the duly appointed Agent authorized to act on behalf of the Account Owner named in Section A, that I am of full legal age and that the information I have provided in this Application and Owner's Agreement is true, complete and correct to the best of my knowledge and belief and is made in good faith. I certify and acknowledge that the LATTA will open a START Saving Program Account based on the information I have provided in this Application and Owner's Agreement, and hereby agree to defend, indemnify, save and hold harmless the LATTA; its members, employees, agents and affiliates from any and all loss, claim, liability, cost, damage or expense ongoing out of any untrue, inaccurate or otherwise misleading information provided herein.

Authorized Agent _____ Authorized Agent _____ Date _____
(Print Name) (Signature)

OFFICE USE ONLY: Account Number Assigned: _____ Date: _____